TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Pine Creek Medical Center

Respondent Name
Zurich American Insurance Co

MFDR Tracking Number
M4-16-0784-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
November 19, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please note that I have found that there is a 2015 Clinical Diagnostic Laboratory Fee Schedule in place, and a way to bill for these charges as a facility setting."

Amount in Dispute: $22.68

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on November 25, 2015. The insurance carrier did not submit a response for consideration in this review. Per 133.307 (d) (1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." Accordingly, this decision is based on the available information.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 19, 2015	36415, G0434	$22.68	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134. 203 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 1 – This is a packaged item. Services or procedures included in the APC rate, but NOT paid separately

- W3 – Request for reconsideration
- 3 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 1 – "This is a packaged item. Services or procedures included in the APC rate, but NOT paid separately." 28 Texas Administrative Code §134.203 (b) states,

   > For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:
   >
   > > (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas

   Per Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, 30.3 - Method of Payment for Clinical Laboratory Tests - Place of Service Variation, (Rev. 2971, Issued: 05-23-14, Effective: 07-01-14, Implementation, 07-07-14).

   > Outpatient of OPPS hospital - For hospitals paid under the OPPS, beginning January 1, 2014 outpatient laboratory tests are generally packaged as ancillary services and do not receive separate payment. Only in the following circumstances, they are eligible for separate payment under the CLFS. It is optional for a hospital to seek separate payment under the CLFS.
   >
   > > (1) Outpatient lab tests only - If the hospital only provides outpatient laboratory tests to the patient (directly or under arrangement) and the patient does not also receive other hospital outpatient services on that day. Beginning July 1, 2014 report on TOB 13X with modifier L1.
   > >
   > > (2) Unrelated outpatient lab tests- If the hospital provides an outpatient laboratory test (directly or under arrangement) on the same date of service as other hospital outpatient services that is clinically unrelated to the other hospital outpatient services, meaning the laboratory test is ordered by a different practitioner than the practitioner who ordered the other hospital outpatient services, for a different diagnosis. Beginning July 1, 2014 report on TOB 13X with modifier L1.

   Review of the submitted medical claim finds;

   - Type of bill in box 4 of submitted medical claim "0141"
   - Submitted medical claim lines indicate no modifier(s)

   Insufficient evidence was found one of the situations found in the Medicare billing policy exists. No additional payment can be recommended.

2. The requirements of Rule 134.203(b) were not met as the Medicare billing requirements were not met for the date of service in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		December , 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.